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7-8-08

Application for Pump and Haul

Page 1 of 2

Commonwealth of Virginia
State Department of Health

1. OWNER: Lee Hollander Chailan Alsayeb
Print Name Signature / owner's Agent

COMPANY: Range 82 LLC

ADDRESS: P.O. Box 3066

Warrenton, VA

ZIP: 20188

TELEPHONE: 571-722-7342

does hereby apply for a permit to remove and transport sewage from TM# 7819-66-3353
to Remington Regional
(if additional space is required, use attachment)

2. Justification: Temporary pump & haul while permanent sewage system being installed.

3. Brief description of storage or holding facilities (Type, capacity, etc.)

1500 gal. tank with high water alarm - All weather pad.

4. Plans and Specifications of holding facility (if required) prepared by Danny Hatch
Engineer

Address: 10973 Pierson Dr. Fredericksburg, VA Date: 6/26/08
22408

5. Date of completion of permanent facilities July 2009 Describe facility to be completed

New sewage disposal system with 1000 gal. tank, 1500 gal baffled microfast tank and 1500 gal pump tank serving a drainfield.
See attached AOSE report for details.

6. Method of guarantee that facility will be completed. Attach documents as proof such as Bond, Contracts, etc. Bond in an amount equal to 12 months of pump and haul cost.
7. Sewage Handling Permit Holder Ace Contracting Services, Inc.
Name and Number of Permit Holder
Address: 1585 Aquia Rd. Midland VA 22728 Telephone: 800 799-7861
(Attach copy of contract with Sewage Handling Permit Holder)
8. Time period requested for pump and haul (maximum time one year) from August 08
to August 09
9. Method of bonding to insure pump and haul for the specified time period in 8 above Letter of credit
10. Quantity of sewage to be hauled per day 115 gal. gallons.
11. Route(s) of transport Rt. 610 to Rt. 28 then Rt. 15/29
12. Time of day for transport 9 AM - 12 PM
13. Emergency response capability _____
14. Disposition of Sewage _____
(Attach a copy of agreement with owner of receiving treatment facility)
15. Conference date requested: _____
16. Concurrence of Local Political Subdivision _____
- | Name | Date |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
- Department Use
1. Contract with Handler having valid sewage handling permit Yes ☐ No ☐
2. Receiving facility satisfactory Yes ☐ No ☐
Comments _____
3. Bonding and/or assurances approved by Bureau and Attorney General Yes ☐ No ☐
Comments _____
4. Plans and Specifications for storage facility satisfactory Yes ☐ No ☐ Not Required ☐
5. Construction Permit issued for storage facility Yes ☐ No ☐ Not Required ☐
Permit No. _____ Date _____
6. Storage Facility Inspected Yes ☐ No ☐
Comments _____
7. Recommended Pump & Haul Permit Be Issued
Sanitarian _____ Date _____
8. Authorize Pump & Haul Permit To Be Issued
Supervisory Sanitarian _____ Date _____